Lamont Hunter PCT International Division (703) 305-3686

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

plication or Docket Number

10/049665

CLAIMS AS FILED - PART I							SI	SMALL ENTITY			OTH	OTHER THAN	
TOTAL CLAIMS			(Colu	(Column 1)		(Column 2)		TYPE				L ENTITY	
TOTAL CLAIMS							ΙГ	RATE	FEE		RATE		
Ľ	OR	NUMBI	ER FILED	NUM	BER EXTRA	В	ASIC FI	EE	-10	R BASIC FI			
Ŀ	OTAL CHARG	161	\ \b minus 20= '		*		X\$ 9=	1.	0	1			
IN	IDEPENDENT	3	minus 3 =	*			X42=	-	-	`\			
Μ	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				742-			X84=		
*	f the difference	ce in column 1 i	s less than	less than zero, enter		"O" in column 2		+140=		OF	+280=		
	• "						T	OTAL		OF	R TOTAL		
		(Column 1)	AMENDE	MENDED - PART II				BEALL	CAITITY.			RTHAN	
	1	CLAIMS	1	(Colum		(Column 3)	, <u> </u>	MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	×	(42=		OR	V04		
	FINST PHES	ENTATION OF M	IULTIPLE DE	PENDENT	CLAIM			140=		1			
							L	TOTAL		OR	+280=		
		(Column 1)		(0.1	0)			IT. FEE		OR	ADDIT. FEE	L	
		CLAIMS		(Colum		(Column 3)				•			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	42=			X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT C	LAIM					OR	∧04=		
							+1	40=		OR	+280=		
			•	¥				TOTAL		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Column		(Column 3)							
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	- 1	=	X4			ı			
1	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT C	ĻAIM					OR	X84=		
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 lenter "20 " "OTAL OD TOTAL											TOTAL DDIT. FEE		
T	he "Highest Num	ber Previously Paid	For" (Total or	Independent)	is the h	o, enter 3." ighest number fo			opriate box	in colu	mn 1.		